

APPLICATION FOR ABSENTEE VOTER BALLOT

Application need not be on this form, so long as required information is provided. This application may be faxed to 213-4092. This form may be photocopied.

(Please Print)

Name _____ Birthdate _____ Mo / Day / Yr.

Address _____ Telephone No. _____
(Optional)

City _____ State _____ Zip _____ Soc. Sec. No. _____ - -
(Optional)

Send ballots to: (If different from above)

Name _____ Address _____

City _____ State _____ Zip _____

Signature of above voter * **X**

I am requesting ballots for the following election(s): ☐ General; ☐ Special; ☐ Primary ☐ All Elections This Year

If this is an even-numbered year primary, please indicate type of ballot requested below:

☐ Democrat & Issues ☐ Republican & Issues ☐ Issues Only ☐ Other Party (Specify) _____

NOTE: There is **NO** permanent list of absentee voters. You must make a request for ballots once each year. You may request ballots for more than one election; however ballots for **ALL** requested elections will be sent to address provided above unless we are notified differently. By law we **CAN NOT** accept telephone requests for ballots.

* Voters **MUST** sign their **OWN** signatures; power of attorney is **NOT** acceptable. Voters unable to sign their names must make their mark and have it witnessed (including rubber stamped signatures)

QUESTIONS? Call the Lucas County Board of Elections Absentee Voting Department at 213-2093.

I am a qualified elector and am entitled to vote in my precinct. I qualify for voting absentee voter ballots because: (Check one)

- ☐ I am sixty-two years of age or more.
- ☐ I will be absent from the county.
- ☐ I am a full-time firefighter, peace officer, or emergency medical service provider.
- ☐ I am on active duty with the organized militia in Ohio.
- ☐ I will be confined in jail or workhouse under sentence for a misdemeanor, or awaiting trial on a felony or misdemeanor.
- ☐ I am unable to vote on election day for religious reasons.
- ☐ I am confined to a public or private institution within the county. Please have two board employees deliver my ballots.
- ☐ I am a former resident entitled to vote for President and Vice President.
- ☐ I or a family member will be confined in a hospital.
- ☐ I am physically ill, disabled or infirmed.
(☐ I request the assistance of two election officials.)
- ☐ I am an election official or employee of the Secretary of State.